



UNITED STATES DEPARTMENT OF COMMERCE
Patent and Trademark Office
ASSISTANT SECRETARY AND COMMISSIONER
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Washington, D.C. 20231

SERIAL NUMBER

FILING DATE

FIRST NAMED APPLICANT

ATTY DOCKET NO.

EXAMINER

ART UNIT

PAPER NUMBER _____

DATE MAILED:

NOTICE OF INSUFFICIENT FILING FEES

APPLICANT IS GIVEN 30 DAYS FROM THE DATE OF MAILING OF THIS NOTICE WITHIN WHICH TO SUBMIT THE BALANCE DUE. Extension of this thirty day period under 37 CFR §1.136(a) will not be permitted. Failure to respond within this period will result in the application being abandoned. 35 USC §133.

The filing fees submitted in connection with this application are insufficient. See the attached Patent Application Fee Determination Record (Form PTO-875). The balance due for additional claims and/or multiple dependent claims is summarized below:

A. Filing fees due upon filing the application

| | |
|---------------------|----------|
| Total Fees Due | \$ _____ |
| Less Fees Submitted | \$ _____ |
| BALANCE DUE | \$ _____ |

B. Fees due in connection with the amendment filed on 4/7/05

| | |
|---------------------|------------------|
| Total Fees Due | \$ <u>100.00</u> |
| Less Fees Submitted | \$ <u>0</u> |
| BALANCE DUE | \$ <u>100.00</u> |

Yolanda R. Smith

Clerk of Group 3600

ATTACHMENT: FORM PTO-875

APPLICANT: PLEASE COMPLETE THIS PORTION AND RETURN THIS NOTICE WITH PAYMENT

Fee Submitted \$ _____

Signature _____

CERTIFICATE OF MAILING

I hereby certify that this notice and the required additional fees are being deposited with the U.S. Postal Service as first class mail in an envelope addressed to Commissioner of Patents and trademarks, Washington D.C. 20231, on (date) _____.

Print name: _____

Signature _____

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2003

Application or Docket Number

10700562

CLAIMS AS FILED - PART I

| | (Column 1) | (Column 2) |
|----------------------------------|---------------|--------------------------|
| TOTAL CLAIMS | 12 | |
| FOR | NUMBER FILED | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS | 12 minus 20 = | 6 |
| INDEPENDENT CLAIMS | 3 minus 3 = | 0 |
| MULTIPLE DEPENDENT CLAIM PRESENT | | <input type="checkbox"/> |

| SMALL ENTITY TYPE | | OTHER THAN OR SMALL ENTITY | |
|-------------------|--------|----------------------------|--------|
| RATE | FEES | RATE | FEES |
| BASIC FEE | 385.00 | OR BASIC FEE | 770.00 |
| X\$ 9= | | OR X\$18= | |
| X43= | | OR X86= | |
| +145= | | OR +290= | |
| TOTAL | 385.00 | OR TOTAL | |

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

| | (Column 1) | (Column 2) | (Column 3) |
|---|------------|----------------------------------|--|
| AMENDMENT A | 11/165 | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR PRESENT EXTRA |
| Total | * 16 | Minus | ** 20 = |
| Independent | * 4 | Minus | *** 3 = / |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | |

See due

| SMALL ENTITY | | OTHER THAN OR SMALL ENTITY | |
|------------------|----------------|----------------------------|----------------|
| RATE | ADDITIONAL FEE | RATE | ADDITIONAL FEE |
| X\$ 9= | | OR X\$18= | |
| X43= | 100 | OR X86= | |
| +145= | | OR +290= | |
| TOTAL ADDIT. FEE | 100 | OR TOTAL ADDIT. FEE | |

| | (Column 1) | (Column 2) | (Column 3) |
|---|----------------------------------|------------|--|
| AMENDMENT B | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR PRESENT EXTRA |
| Total | * Minus | ** = | |
| Independent | * Minus | *** = | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | |

| RATE ADDITIONAL FEE | | RATE ADDITIONAL FEE | |
|---------------------|--|---------------------|--|
| X\$ 9= | | OR X\$18= | |
| X43= | | OR X86= | |
| +145= | | OR +290= | |
| TOTAL ADDIT. FEE | | OR TOTAL ADDIT. FEE | |

| | (Column 1) | (Column 2) | (Column 3) |
|---|----------------------------------|------------|--|
| AMENDMENT C | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR PRESENT EXTRA |
| Total | * Minus | ** = | |
| Independent | * Minus | *** = | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | |

| RATE ADDITIONAL FEE | | RATE ADDITIONAL FEE | |
|---------------------|--|---------------------|--|
| X\$ 9= | | OR X\$18= | |
| X43= | | OR X86= | |
| +145= | | OR +290= | |
| TOTAL ADDIT. FEE | | OR TOTAL ADDIT. FEE | |

- * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.